REST AVAILABLE COPY

TYPE ABSTRACT WITHIN BOX

baseline that normalized at Week 4 within the Pr 60 µg TID group (28%) and the Pr 60 µg QID group (31%) compared to PBO (10%). Consistent with the reduction in fructosamine, there were also statistically significant reductions in HbA1e in the Pr 30 µg QID group (0.53±0.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg QID group (0.51±0.08%) compared to placebo (0.27±0.08%). Based on RBC lifespan, and assuming stable glycemic control, these reductions in HbA1e in the Pr groups should increase over the following 2-3 months. The reductions in fructosamine and HbA1e were accompanied by a statistically significant reduction in fasting total and LDL cholesterol. In contrast to treatment with insulin alone, there were trends towards decreased body weight in the Pr 60 µg TID and 60 µg QID groups. Furthermore, the incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA1e suggests that pramilintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulinguals. List family name, first name, middle initial, credentials/degrees, address	Improves Glycemic Control in Patients with Type II Diabetes Requiring Insulin. ROBERT THOMPSON's LEEANNE PEARSON's STEVEN SCHOENFELD's, ORVILLE KOLTERMAN's San Diego, CA The effects of 4 weeks of subcutaneous administration of pramlintide, (Pr) an analog of human amylin, on glycemic control in 203 patients with Type II diabetes mellitus requiring insulin were examined in a randomized, double-blind, placebocontrolled, parallel-group trial. Statistically significant reductions in serum fructosamine concentration were observed in the Pr 30 µg QID group (17.5±4.9 µmol/L), the Pr 60 µg TID group (22.6±4.1 µmol/L) compared to placebo (PBO) (3.5±3.8 µmol/L). There also were statistically significant shifts in the proportion of patients with an abnormal serum fructosamine concentration at baseline than tormalized at Week 4 within the Pr 60 µg TID group (28.8%) and the Pr 60 µg QID group (3.18%) compared to PBO (10%). Consistent with the reduction in fructosamine, there were also statistically significant reductions in HbAle in the Pr 30 µg QID group (0.51±0.08%). Based on RBC lifespan, and assuming stable glycemic control, these reductions in HbAle in the Pr groups should increase over the following 2-3 months. The reductions in fructosamine and HbAle were accompanied by a statistically significant reduction in fasting total and LDL cholesterol. In contrast to treatment with insulin alone, there were trends towards decreased body weight in the Pr 60 µg TID and 60 µg QID groups. Furthermore, the incidence of bypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbAle suggests that pramlintide therapy for 28 days improves glycemic control in and instructions on pages 1 and 2 must followed exactly for abstracts to be considered.	Improves Glycemic Control in Patients with Type II Diabetes Requiring Insulin. ROBERT THOMPSON* LEEANNE PEARSON* STEVEN SCHOENFELD* ORVILLE KOLTERMAN*. San Diego, CA The effects of 4 weeks of subcutaneous administration of pramilintide, (Pr) an analog of human amylin, on glycemic control in 203 patients with Type II diabetes mellitus requiring insulin were examined in a randomized, double-blind, placebo-controlled, parallel-group trial. Statistically significant reductions in serum fructosamine concentration were observed in the Pr 30 μg QID group (17.544.9 μmol/L), the Pr 60 μg TID group (24.14.4) μmol/L) and the Pr 60 μg QID group (22.644.1 μmol/L). compared to placebo (PBO) (3.543.8 μmol/L). There also were statistically significant shifts in the proportion of patients with an abnormal serum fructosamine concentration at baseline than ormalized at Week 4 within the Pr 60 μg TID group (28%) and the Pr 60 μg QID group (31%) compared to PBO (10%). Consistent with the reduction in fructosamine, there were also statistically significant reductions in HbAle in the Pr 30 μg QID group (0.51±0.08%). Based on RBC lifespan, and assuming stable glycemic control, these reductions in HbAle in the Pr 60 μg QID group (0.51±0.08%). Based on RBC lifespan, and assuming stable glycemic control, these reductions in fasting total and LDL cholesterol. In contrast to treatment with insulin alone, there were trends towards decreased body weight in the Pr 60 μg TID and 60 μg QID groups. Furthermore, the incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA ₁ , suggests that pramilintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulin. List family name, first name, middle initial, credentials/degrees, address (lacluding city/state/country/zip), and telephone/tax numbers of author who should receive effrespondence (please type or print): FamilyName	Improves Glycemic Control in Patients with Type II Diabetes Requiring Insulin. ROBERT THOMPSON* LEEANNE PEARSON* STEVEN SCHOENFELD*, ORVILLE KOLTERMAN*. San Diego, CA The effects of 4 weeks of subcutaneous administration of pramlinide, (Pr) an analog of human amylin, on glycemic control in 203 patients with Type II diabetes mellitus requiring insulin were examined in a randomized, double-blind, placebo-controlled, parallel-group trial. Statistically significant reductions in serum fructosamine concentration were observed in the Pr 30 µg QID group (175.44.9 µmol/L), the Pr 60 µg TID group (22.64.1 µmpol/L) compared to placebo (PBO) (3.5±3.8 µmol/L). There also were statistically significant shifts in the proportion of patients with an abnormal serum fructosamine concentration at baseline that normalized at Week 4 within the Pr 60 µg TID group (23.89) and the Pr 60 µg QID group (3.180.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg QID group (0.51±0.08%). Compared to placebo (0.72±0.08%). Based on RBC lifespan, and assuming stable glycemic control, these reductions in HbA _{1c} in the Pr 30 µg QID group (0.53±0.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg QID group (0.51±0.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg QID group (0.58±0.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg TID and 60 µg QID groups. Furthermore, the incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA _{1c} were accompanied by a statistically significant reduction in fasting total and LDL cholesterol. In contrast to treatment with insulin alone, there were trends towards decreased body weight in the Pr 60 µg TID and 60 µg QID groups. Furthermore, the incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA _{1c} were provided to the provided exactly for abstracts to be	TIFE ADSTRACT WITHIN BUX	For office use only
the Pr 30 µg QID group (0.53±0.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg QID group (0.51±0.08%) and assuming stable glycemic control, these reductions in HbA1c in the Pr groups should increase over the following 2-3 months. The reductions in fructosamine and HbA1c were accompanied by a statistically significant reduction in fasting total and LDL cholesterol. In contrast to treatment with insulin alone, there were trends towards decreased body weight in the Pr 60 µg TID and 60 µg QID groups. Furthermore, the incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA1c suggests that pramlintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulinguals. List family name, first name, middle initial, credentials/degrees, address	the Pr 30 µg QID group (0.53±0.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg QID group (0.51±0.08%) compared to placebo (0.27±0.08%). Based on RBC lifespan, and assuming stable glycemic control, these reductions in HbA1c in the Pr groups should increase over the following 2-3 months. The reductions in fructosamine and HbA1c were accompanied by a statistically significant reduction in fasting total and LDL cholesterol. In contrast to treatment with insulin alone, there were trends towards decreased body weight in the Pr 60 µg TID and 60 µg QID groups. Furthermore, the incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA1c suggests that pramilintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insuling insuling city/state/country/zip), and telephone/fax numbers of author who should receive correspondence (please type or print): The antitor's wishes will be followed if portion in and submitting this abstract after January 6, 1997 as "late-breaking research" (See #33). Abstract Category Number:/\top (Categories listed on pg 4) IMPORTANT This form must be signed by an active per of the Professional Section of the A can Diabetes Association. The instructions on pages 1 and 2 must followed exactly for abstracts to be consistent for review. The sponsoring member agrees that the terial submitted herein conforms with instructions on pages 1 and 2. MEMBER SIGNATURE	the Pr 30 µg QID group (0.53±0.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg QID group (0.51±0.08%). Compared to placebo (0.27±0.08%). Based on RBC lifespan, and assuming stable glycemic control, these reductions in HbA1c in the Pr groups should increase over the following 2-3 months. The reductions in fructosamine and HbA1c were accompanied by a statistically significant reduction in fasting total and LDL cholesterol. In contrast to treatment with insulin alone, there were trends towards decreased body weight in the Pr 60 µg TID and 60 µg QID groups. Furthermore, the incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA1c suggests that pramilintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulingual for review. List family name, first name, middle initial, credentials/degrees, address followed exactly for abstracts to be consistor review. The sponsoring member agrees that the terial submitted herein conforms with instructions on pages 1 and 2. **MEMBER SIGNATURE** **Remily Name** **Thomasor** I am submitting this abstract after January 6, 1997 as "late-breaking research" (See #33). **Abstract Category Number://4 (Categories listed on pg 4) **IMPORTANT* This form must be signed by an active in ber of the Professional Section of the A can Diabetes Association. The instructions on pages 1 and 2 must followed exactly for abstracts to be consistor review. The sponsoring member agrees that the terial submitted herein conforms with instructions on pages 1 and 2. **MEMBER SIGNATURE** **PRINTED NAME** Credentials/Degrees** **MEMBER SIGNATURE** **PRINTED NAME** **Department** **Department** **Department** **January 6, 1997 as "late-breaking research" (See #33). **Abstract Category Number://4 **Categories listed on pg 4) **This form must be signed by an active in the professional section of the A can Diabetes	the Pr 30 µg QID group (0.53±0.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg QID group (0.51±0.08%) and assuming stable glycemic control, these reductions in HbA1c in the Pr groups should increase over the following 2-3 months. The reductions in fructosamine and HbA1c were accompanied by a statistically significant reduction in fasting total and LDL cholesterol. In contrast to treatment with insulin alone, there were trends towards decreased body weight in the Pr 60 µg QID groups. Furthermore, the incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA1c suggests that pramilintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulinguished therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulinguished therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulinguished therapy for abstracts to be considered to the professional Section of the A can Diabetes Association. The instructions on pages 1 and 2 mistinguished therapy for abstracts to be considered to the professional Section of the A can Diabetes Association. The instructions on pages 1 and 2 mistinguished therapy for abstracts to be considered to the professional Section of the A can Diabetes Association. The instructions on pages 1 and 2 mistinguished therapy for abstracts to be considered to the professional Section of the A can Diabetes Association. The instructions on pages 1 and 2 mistinguished previously for abstracts to be considered to the professional Section of the A can Diabetes Association. The instructions on pages 1 and 2 mistinguished previously for abstracts to be considered to the professional Section of the A can Diabetes Association. The instructions on pages 1 and 2 mistructions on pages 1 and 2. MEMBER SIGNATURE PRINTED NAME Credentials/Degrees M. Depar	Improves Glycemic Control in Patients with Type II Diabetes Requiring Insulin. ROBERT THOMPSON* LEEANNE PEARSON* STEVEN SCHOENFELD* ORVILLE KOLTERMAN* San Diego, CA The effects of 4 weeks of subcutaneous administration of pramlintide, (Pr) an analog of human amylin, on glycemic control in 203 patients with Type II diabetes mellitus requiring insulin were examined in a randomized, double-blind, placebocontrolled, parallel-group trial. Statistically significant reductions in serum fructosamine concentration were observed in the Pr 30 µg QID group (17.5±4.9 µmol/L), the Pr 60 µg TID group (24.1±4.9 µmol/L) and the Pr 60 µg QID group (22.6±4.1 µmol/L) compared to placebo (PBO) (3.5±3.8 µmol/L). There also were statistically significant shifts in the proportion of patients with an abnormal serum fructosamine concentration at baseline that normalized at Week 4 within the Pr 60 µg TID group (28%) and the Pr 60 µg QID group (31%) compared to PBO (10%). Consistent with the reduction in fructosamine.	Abstract No. Duality? Y N Signed? Y Record No. Mean Score American Diabetus Association. FORM A (For publication) CHECK ONE (See #21): Poster Session Preferred Poster Session Oral Session Only
incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA _{1c} suggests that pramilintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulinguities. The instructions on pages 1 and 2 mu followed exactly for abstracts to be consistent for review. The sponsoring member agrees that the terial submitted herein conforms with the professional Section of the A can Diabetes Association. The instructions on pages 1 and 2 mu followed exactly for abstracts to be consistent	incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA _{1c} suggests that pramlintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulingular followed exactly for abstracts to be consifer review. List family name, first name, middle initial, credentials/degrees, address (including city/state/country/zip), and telephone/fax numbers of author who should receive correspondence (please type or print): The instructions on pages 1 and 2 must followed exactly for abstracts to be consifer review. The sponsoring member agrees that the terial submitted herein conforms with instructions on pages 1 and 2. MEMBER SIGNATURE	incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA16 suggests that pramilintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulingual for review. The instructions on pages 1 and 2 mm followed exactly for abstracts to be consisted for review. The sponsoring member agrees that the terial submitted herein conforms with the terial submitted herein conforms wi	incidence of hypoglycemia was no greater in any Pr group than in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA16 suggests that pramilintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insuline. List family name, first name, middle initial, credentials/degrees, address (including city/state/country/zip), and telephone/fax numbers of author who should receive diffespondence (please type or print): Family Name Thompson First Name Robert MI G Department Clemese Development Credentials/Degrees M.D Department Clemese Development Street Address 9373 Towne Centre Wr	the Pr 30 µg QID group (0.53±0.07%), the Pr 60 µg TID group (0.58±0.07%) and the Pr 60 µg QID group (0.51±0.08%) compared to placebo (0.27±0.08%). Based on RBC lifespan, and assuming stable glycemic control, these reductions in HbA1c in the Pr groups should increase over the following 2-3 months. The reductions in fructosamine and HbA1c were accompanied by a statistically significant reduction in fasting total and LDL cholesterol. In contrast to treatment with insulin alone, there were trends towards decreased body weight in the Pr 60 µg TID and 60 µg QID groups. Furthermore, the	The author's wishes will be followed if pollowed in a submitted in the pollowed if pollowed if pollowed in a submitted in the pollowed if pollowed if pollowed in a pollowed in a pollowed if pollowed if pollowed in a pollowed in a pollowed in poll
	Family Name Thompson MEMBER SIGNATURE	Family Name Thompson First Name Robert Credentials/Degrees M.D Department Clenese Development Department Clenese Development Description Only Printed Name Description Only Printed	Family Name Thompson First Name Robert Credentials/Degrees M.D. Department Clenese Development Itreet Address 9373 Towns Centre Dr. Aberta Thompson MEMBER SIGNATURE R. Thompson PRINTED NAME Department Clenese Development Itreet Address 9373 Towns Centre Dr.	in placebo. In conclusion, measurement of similar changes in both serum fructosamine concentration and HbA _{1e} suggests that pramlintide therapy for 28 days improves glycemic control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring insulingual control in patients with Type II diabetes mellitus requiring in patients with the Type II diabetes mellitu	can Diabetes Association. The instructions on pages 1 and 2 mu followed exactly for abstracts to be consi for review. The sponsoring member agrees that the terial submitted herein conforms with

in part, by a grant from the American Diabetes Association?

Accepted for Oral Presentation

10